FOR INSTRUCTIONS, SEE BACK OF FORMICS CHECK ONE:  This is an initial* Statement of Organization This is an amended* Statement of Organization.  An initial Statement of Organization must be filed within 10 days of the commaking expenditures, or incurring indebtedness exceeding \$750. Arganization committee that exceeds \$750 in activity for another office shall file within 10 of DR-1 disclosing information concerning the campaign for the new office sound	Reset Form  Reset Form	FORM DR-1 (Rev. 04/2008) For Office Use Comm. # Indexed Audited Computer	STATEMENT OF ORGANIZATION Only
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)			
ALLIED GROUP AND FARMLAND POLITICAL ACTION COMMITTEE			
IMPORTANT: Indicate type of committee you are reporting for: 2  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)		
Name ↓ ↓ RANDALL J. KRAMER	Name ↓ ↓ KURT EAVES		
Mailing Address ↓ ↓ 1100 LOCUST STREET	Mailing Address ↓ ↓ 1100 LOCUST STREET		
City, State J Zip Ges MOINES, IA 50391-0301	City, State J Zip Code MOINES, IA 50391-0401		
Phone (515) 508-4850	Phone (515) 508-6356		
e-Mail kramerr@nationwide.com	e-Mail eavesk@nationwide.com		
INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for ballot issue(s)  Comment or description: Advocate against ballot issue(s)			
All Candidates Enter: County/Local Candidates and Local Ballot Committees Enter: Office Sought:			
County:			
District: Date of Election:			
Year Standing for Election:			
Bank Account Name (must match committee name)  ↓ ↓	Candidate name & Address or P	'arent Entity (PACs, Affiliate, or Sponsoi	
ALLIED GROUP AND FARMLAND PAC	ALLIED GROUP, INC. AND FARMLAND MUTUAL INS CO		
Name of Financial Institution/type of Account ↓↓ WELLS FARGO BANK	Mailing Address ↓ ↓ 1100 LOCUST STREET		
Mailing Address ↓ ↓	City ↓ ↓	State ↓ ↓	Zip ↓ ↓
666 WALNUT STREET	DES MOINES, IA 50391-1100		
City $\downarrow \downarrow$ State $\downarrow \downarrow$ Zip $\downarrow \downarrow$ DES MOINES, IA 50309	Phone (515) 508-4850		
	e-Mail kramerr@nationwide.com		
STATEMENT OF AFFIRMATION: By filling this document the committee affirms the following:			
<ol> <li>The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the lowa Administrative Code.</li> </ol>			
<ol> <li>That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.</li> </ol>			
3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in lieu of filing this form.			
4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.			
5. A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 351—4.25.			
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (CR-3) has been filed.			
Signature of Treasurer Date Signed			
<b>~</b>		÷ ·- ·-	

Date Signed

Signature of Candidate, OR, for all other committees, Chairperson

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